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Context-appropriate innovative solutions for improving the access to quality intra- and immediate postpartum care in India

S. Kumar

1. Access without quality is not only and inefficient, it is outright unethical (Chapter 1 of this Thesis).
2. Health systems should prioritize the implementation of interventions for strengthening quality of maternal and reproductive health care to ensure that investments made in improving access have optimal returns towards reduction of Maternal and Child Mortality. (Chapter 1 of this Thesis).
3. The health systems in Low and Middle Income Countries inherit innate and longstanding system challenges that require proven-effective context appropriate solutions to leap frog these system challenges (Chapters 2 and 3 of this Thesis).
4. Innovative solutions can include process innovations like the simple WHO paper based tool 'safe childbirth checklist' and a technology innovation that uses virtual training technology. These innovations can help the resource constrained systems to amplify the impact of their resources and strengthen the quality of their services (Chapter 2 and 3 of this Thesis).
5. There is a disproportionately high unmet need for PFP among women in their first year after childbirth and this unmet need has resulted in too many and too soon pregnancies among young women in India, which contributes to high maternal and neonatal mortality (Chapter 4 of this Thesis).
6. Leveraging increased facility based births to offer Family Planning services can dramatically improve access, uptake and continued utilization of post-partum contraception among women, thereby contributing to better maternal and neonatal health outcomes (Chapters 4, 5 and 6 of this Thesis).
7. The evaluation of innovative solutions should balance the scientific rigor of the research methods and the political urgency faced by policy makers (Chapter 7 of this Thesis).
8. Scale up of innovative solutions can be accelerated by adopting appropriate strategies for pragmatic evaluation, coordinated budgeting and multi-stakeholder involvement at all stages of testing and scale-up (Chapter 7 of this Thesis).
9. The fact that there is a thesis being written on the quality of essential intra and immediate post-partum care in the 21st century implies that the health community is failing its beneficiaries majorly.
10. All lives have equal value and the country of birth and residence of women and children should not determine whether they can live.